

**Filing Fee \$5.00**

**NONPROFIT CORPORATION**

**STATE OF MAINE**

**CHANGE OF REGISTERED AGENT ONLY  
or CHANGE OF REGISTERED AGENT  
AND REGISTERED OFFICE**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Name of Corporation)

Pursuant to 13-B MRSA §305.1 or §1212.2, the undersigned corporation executes and delivers for filing the following change(s); authorized by a resolution duly adopted by the board of directors:

**FIRST:** The name and registered office of the registered agent appearing on the record in the Secretary of State's office:

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(street, city, state and zip code)

**SECOND:** The name and registered office of the successor (**new**) registered agent who must be a Maine resident, whose office is identical with the registered office; or a corporation, domestic or foreign, profit or nonprofit, having an office identical with such registered office:

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(physical location - street (not P.O. Box), city, state and zip code)

\_\_\_\_\_  
(mailing address if different from above)

**THIRD:** (To be completed by a foreign corporation.)

A. Jurisdiction of incorporation \_\_\_\_\_

B. Date of authorization to carry on activities in this State \_\_\_\_\_

DATED \_\_\_\_\_

\*By \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

\*By \_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name and capacity)

**THE FOLLOWING SHALL BE COMPLETED BY THE REGISTERED AGENT UNLESS THIS DOCUMENT IS ACCOMPANIED BY FORM MNPCA-18 (§304.3. or §1212.1-A.).**

The undersigned hereby accepts the appointment as registered agent for the above named nonprofit corporation.

**REGISTERED AGENT**

**DATED** \_\_\_\_\_

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(type or print name)

**For Registered Agent which is a Corporation**

Name of Corporation \_\_\_\_\_

By \_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(type or print name and capacity)

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\*If this is a domestic corporation, this document **MUST** be signed by

(1) the **Clerk or Secretary** OR

(2) the **President** or a vice-pres. **together with the Secretary** or an ass't. sec., or a 2nd certifying officer **OR**

(3) if no such officers, then a majority of the **Directors** OR

(4) if no such directors, then the **Members.**

\*If this is a foreign corporation, this document **MUST** be signed by any duly authorized individual.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**